

Case Number:	CM15-0057541		
Date Assigned:	04/17/2015	Date of Injury:	09/05/2008
Decision Date:	06/30/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female, who sustained an industrial injury on 9/5/08. She reported low back, knees and wrist. The injured worker was diagnosed as having internal derangement of right knee status post meniscectomy. Treatment to date has included TENS unit, oral medications, ice, right knee meniscectomy, lumbar decompression surgery, physical therapy and home exercise program. Currently, the injured worker complains of intermittent right knee pain with radiation to right leg and left knee pain. Physical exam noted tenderness on palpation along medial and lateral joint line of bilateral knees and tenderness along the outer greater than inner patella. The treatment plan included (MRI) magnetic resonance imaging of left and right knee, x-ray of left knee, medial unloading brace for both knees, hot and cold wrap, TENS unit, and authorization for Nalfon, Protonix, LidoPro lotion, and Gabapentin as well as cortisone steroid injection to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI right knee QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): s 341-343.

Decision rationale: Per the MTUS/ ACOEM, most knee problems do not need to be imaged and will heal after a period of conservative care, so long as red flag conditions are ruled out and there is no trauma suggesting fracture. "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases." A review of the injured workers medical records reveals that she is status post right knee menisectomy with ongoing pain. The treating physician has indicated in updated medical records which were not available to utilization review that imaging will guide management options including possible surgical intervention and in light of this the request for MRI right knee QTY: 1.00 is medically necessary.

MRI left knee QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): s 341-343.

Decision rationale: Per the MTUS/ACOEM, most knee problems do not need to be imaged and will heal after a period of conservative care, so long as red flag conditions are ruled out and there is no trauma suggesting fracture. "Reliance only on imaging studies to evaluate the source of knee symptoms may carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases." A review of the injured workers medical records reveals ongoing pain despite conservative management. The treating physician has indicated in updated medical records which were not available to utilization review that imaging will guide management options including possible surgical intervention and in light of this the request for MRI left knee QTY: 1.00 is medically necessary.

Standing x-ray left knee Ap/Lateral QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 17th edition 2012, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 341-343.

Decision rationale: Per the MTUS/ACOEM, most knee problems do not need to be imaged and will heal after a period of conservative care, so long as red flag conditions are ruled out and there is no trauma suggesting fracture. "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases." A review of the injured workers medical records reveals ongoing pain despite conservative management. The treating physician has indicated in updated medical records which were not available to utilization review that imaging will guide management options including possible surgical intervention and in light of this the request for standing x-ray left knee Ap/Lateral QTY: 1.00 is medically necessary.

Brace molded plastic right knee upper, lower additions QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) /Unloader braces for the knee /brace.

Decision rationale: The MTUS/ACOEM did not sufficiently address the use of knee brace and therefore other guidelines were consulted. Per the ODG, it is recommended. "Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. Several case series suggest that unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. Per the ODG, criteria for knee bracing also includes maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain)." A review of the injured workers medical records reveal that she meets the above referenced criteria for knee bracing and therefore the request for unloader bracing of the right knee is medically necessary.

Brace molded plastic left knee upper, lower additions QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) /Unloader braces for the knee /brace.

Decision rationale: The MTUS/ACOEM did not sufficiently address the use of knee brace and therefore other guidelines were consulted. Per the ODG, it is recommended. "Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. Several case series suggest that unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. Per the ODG, criteria for knee bracing also includes maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain)." A review of the injured workers medical records reveal that she meets the above referenced criteria for knee bracing and therefore the request for unloader bracing of the left knee is medically necessary.

Hot and Cold wrap QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: Per ACOEM in the MTUS, physical therapeutic interventions recommended include at-home local applications of cold in first few days of acute complaint, thereafter applications of heat or cold. Therefore based on the guidelines the request for Hot and Cold wrap QTY: 1.00 is medically necessary.

TENS Unit QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) / TENS (transcutaneous electrical nerve stimulation).

Decision rationale: Per the MTUS/ACOEM, Some studies have shown that transcutaneous electrical neurostimulation (TENS) units may be beneficial in patients with chronic knee pain. Per the ODG, "Recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. The addition of TENS plus exercise appears to produce improved function (greater cumulative knee extensor torque, stride length, gait velocity, and range of motion) over those treated with exercise only, although the difference has not been found to be significant (Philadelphia, 2001), (Hulme-Cochrane, 2002), (Ng, 2003) (Cheing,

2004), (BlueCross BlueShield, 2005), (Osiri, 2000), (Mont, 2006), (Garland, 2007). Transcutaneous electrical nerve stimulation offers clinically relevant short-term pain relief for osteoarthritis of the knee, according to a report in the June 22nd issue of BMC Musculoskeletal Disorders (Bjordal, 2007). Transcutaneous electrical nerve stimulation can help with short-term pain control among patients with hip or knee OA (Zhang, 2008)." Based on the guidelines and the injured workers clinical presentation the request for TENS unit is medically necessary.

TENS conductive garment QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) / TENS (transcutaneous electrical nerve stimulation).

Decision rationale: Per the MTUS/ACOEM, Some studies have shown that transcutaneous electrical neurostimulation (TENS) units may be beneficial in patients with chronic knee pain. Per the ODG, "Recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. The addition of TENS plus exercise appears to produce improved function (greater cumulative knee extensor torque, stride length, gait velocity, and range of motion) over those treated with exercise only, although the difference has not been found to be significant (Philadelphia, 2001), (Hulme-Cochrane, 2002), (Ng, 2003), (Cheing, 2004), (BlueCross BlueShield, 2005), (Osiri, 2000) (Mont, 2006), (Garland, 2007). Transcutaneous electrical nerve stimulation offers clinically relevant short-term pain relief for osteoarthritis of the knee, according to a report in the June 22nd issue of BMC Musculoskeletal Disorders (Bjordal, 2007). Transcutaneous electrical nerve stimulation can help with short-term pain control among patients with hip or knee OA (Zhang, 2008)." Based on the guidelines and the injured workers clinical presentation the request for TENS unit is medically necessary and the associated request for TENS conductive garment QTY: 1.00 is medically necessary.

Gabapentin 600mg QTY: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 16-21.*CharFormat

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AED's) Page(s): s 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50 percent reduction in pain and a moderate response as a 30 percent reduction. It has been reported that a 30 percent reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered

first-line treatment); or (2) combination therapy if treatment with a single drug agent fails (Eisenberg, 2007), (Jensen, 2006). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal clear evidence of radiculopathy, gabapentin is considered first line therapy and use of this medication is appropriate in this injured worker therefore the request for Gabapentin 600mg QTY: 90.00 is medically necessary.

Lidopro Ointment 1201gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is approved for use in the form of a dermal patch. Gels, creams, or lotions are not indicated for neuropathic pain and lidocaine is not recommended for non neuropathic pain. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and there does not appear to be any reason to deviate from the guidelines, therefore the request for Lidopro Ointment 1201 gm QTY: 1.00 is not medically necessary.

Pantoprazole 20mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): s 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPIs are recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (Lansoprazole), and Nexium (Esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse

effects compared to placebo. Nexium and Prilosec are very similar molecules (Donnellan, 2010). In this RCT Omeprazole provided a statistically significantly greater acid control than Lansoprazole (Miner, 2010). In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including Esomeprazole (Nexium), Lansoprazole (Prevacid), Omeprazole (Prilosec), Pantoprazole (Protonix), Dexlansoprazole (Dexilant), and Rabeprazole (Aciphex) (Shi, 2008). A trial of Omeprazole or Lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective (AHRQ, 2011). A review of the injured workers medical records that are available to me did not reveal a failed trial of other first line recommended PPI's and without this information the request for Pantoprazole 20mg QTY: 60.00 are not medically necessary.

Terocin patches QTY: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and therefore the request for Terocin patches QTY: 20.00 is not medically necessary.

Retrospective standing x-ray right knee (DOS 02/05/2015): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 341-343.

Decision rationale: Per the MTUS/ACOEM, most knee problems do not need to be imaged and will heal after a period of conservative care, so long as red flag conditions are ruled out and there

is no trauma suggesting fracture. "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases." A review of the injured workers medical records reveals that she is status post right knee menisectomy with ongoing pain. The treating physician has indicated in updated medical records which were not available to utilization review that imaging will guide management options including possible surgical intervention and in light of this the request for Retrospective standing x-ray right knee (DOS 02/05/2015) is medically necessary.